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So. If married, widowed, or divorced HUSBAN of Correct HUSBAN of C		>	OR DIVORCED (write the word)	August 27. 1931.
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20. FILED 5/29/3/, 19 Des W. Brutale Registrar. (Address) / O les of M.	>, 83	ż	20. FILED 8/d-7/31, 19 Lls W. Brutale Roots	
Dy Ryalle (If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Dri	Prathet		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nucchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	rte A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
100	infor- state UPA-	1. PLACE OF DEATH	(13/30
(M		county Washington	Registration Dist. No. 302
1	should f OCC	Village or City Hay Crestour	No.114 E Fly Vielam. St. 3 Ward
	.= 0 /	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS NS	Length of residence in city or town where death occurred Q. Q. yrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
	Eve	2. FULL NAME Mayy Louise Deck	124
	YSI stat	(a) Residence: Nd (4 E My Tie Yum (Usual place of abode)	St., S Ward. If nonresident give city or town and State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)	21. DATE OF DEATH A C (Yaar)
2	NEN C T I	5a. If married, widowed, or divorced	
BINDING	SS SS	HUSBAND of Oanid B. Deckley	22. HEREBY CERTIFY, That I attended deceased from
Z	PERM EX. ly cla	Fals : 21 141 3	, 130 / , 10
	PE E -ly ate.	6. DATE OF BIRTH (month, day, and year) 1863 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOR	IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS sta pro	01	were as follows: Date of onset
А	70	8. Trade, profession, or particular kind of work done, as SPINNER, House with SAWYER, BOOKKEEPER, etc.	district Cli. The
VE		9. Industry or business in which work was done, as SILK MILL,	Carelline
3		SAW MILL, BANK, etc.	
RESERVED	INK E sho nt it	11. Total tima (years) this occupation (month and year)	
2	NFADING I oplied. AGE erms, so that instructions	year)	Other Contributory Causes of Importance:
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MARGIN	UNFA supplied n terms, ee instru		linkous
A	Property and the second	T	
2		14. BIRTHPLACE (city or town) Hagers town	Name of operation
	t gig :	E 15. MAIDEN NAME TIT Q x tha T. Hill	What test confirmed diagnosis?
	Y, WITH carefully the in plan ortant.	Ξ	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury
	be car EATH import	16. BIRTHPLACE (city er town) Mr. Ans Durs (State or country)	Where did injury occur?
	Id be can DEATH	David B Booklan	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) Ha a crathum TTT	The state of the s
	shoul E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	on SE	Place Mayly Stown, III Date Huy 24, 1931	Natura of injury
-	-WRITE mation s CAUSE TION is	19. UNDERTÄKER H. K. CUXX May	24. Was diseasa or injury in any way related to occupation of deceased?
No.	FOF	(Addrass) Hacassour-Tod	If so, specify
V. S. No. 1	-	20. FILED 8-24-1937 6kg st Bowers	(Signed) at I famply M. D.
>	Z	Registrar.	(Address) Hagerston Ind
DI	HP.840	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reduesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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	IF MAR	YLAND-	CERTIFICATE OF DEATH 09751		
County Washington Village or City Hagerstow	n, Md.	- All	Registration Dist. No. 30 2 NoWashington County Hospt St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where o	leath occurred		death occurred the a hospital of institution, give its tVANVE instead of street and number? ds. How long in U.S. if of foreign birth?		
2. FULL NAME Thomas	F. Bell				
(a) Residence: No. 148 Be	thel St (Usual place		St., Sward. If nonresident give city or town and State		
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MAR OR DIVORCE MA TT	RIED, WIDOWED, D (write the word) 1 C C	21. DATE OF DEATH August 26, 191 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Be	11		22. I HEREBY CERTIFY. That I attended deceased from any & 1931, to any 26, 1931		
August 8 6. DATE OF BIRTH (month, day, end year)	, 1895		Hast sawh And alive on ang 26, 1931; death is said		
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1:00Pm.		
36 0	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance		
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Lab	orer	Typhoid Fener Date of on		
	art Dri				
10. Date deceased last worked at this occupation (month end year)	SD3:	ime (years) nt in this upation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Beay (State or country) Md.	er Creel	k,	To palma		
Thomas F.	Bell				
13. NAME Thomas F. 14. BIRTHPLACE (city or town) (State or country) Md.			Name of operation Date of What test confirmed diagnosis? Wildel Was there an autopsy?		
15. MAIDEN NAME Mary Br	own		23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Mary Br. 16. BIRTHPLACE (city or town) (State or country) Md.	•======================================		Accident, suicide, or homicide?		
17. INFORMANT Mrs. Lucy Be (Address) Hagerstown,			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, GREMATION, OR-REMOVAL Place Hagerstown		. 29 ,19 33	Menner of Injury		
19. UNDERTAKEN Fred W. K. (Address) Hagerstown			24. Was disease or injury in any way related to occupation of deceased? 200		
2D. FILED 8-28-, 1931-67	est Bo	every Registrar.	(Signed) A. S. Porterfield M. D. (Address) 136 W Washington &		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	V. 8 - 3 (5)	Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	C1921	Run over by street car	1 week ago
Cerebral hemorrhage	AU July 5, 1927	Peritonitis	3 days ago
	A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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BINDIN

FOR

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

	PLACE OF DEATH	19753 STATE OF MARYLAND
1	County Crashington	(97) CERTIFICATE OF DEATH
	4	Registration Dist. No. 305
	Village or City Becevola (No.	St.: Ward) (If death occurred in a hospitel or institu-
ITICat	2FULL NAME David &. Bo	tion, give its NAME in- stead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE MARRIED. MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (195) (Month) (Day) 3 (Year)
פֿכ	6 DATE OF BIRTH	(Month) (Day) (Year)
8 0	november -3, 1850	, 192, 192, 192
00	(Month) (Day) (Year)	that 1 last saw halive on, 192,
truct	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
VE.	00 yrs. 0 mos. 28 ds. or min.?	Infinite of old age, Tours
200	(a) Trade, profession or Retired Potter	Work when By My
Y	(b) General nature of industry business, or establishment in	Ot' 1 ' Cust R.
4 /	which employed or (employer)	(Durstion) yrs. mos. ds.
odu.	(State or country) Mary land	Contributory Secondary (Durstion) yrs
917	10 NAME OF STATHER S	(Signed) Phant Duppe Caraner M.D.
8	HEIRTHELACE Munamel Souman	au 1 1931 (Address) / Parlesbur, ms
2	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of Mother Sarel Caver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of death was mos. ds. State wrs. mos. ds.
2	(State or Country) Aryland	Where was disease contracted
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
9	(Informant) Mahlou Downan	usual residence
dion	(Address) Bourston Roule 3	Palveres Cenetary Dag 4, 1936
ก	15 Filed Oug. 4 193/ William Bad	Bast Son Boonelow
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md
,		704

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepois Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease Nomenclature of the Measles ;

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BINDIN

RESERVED

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. , 302 ciassifie (If death occurred in a hospit i or institucertificate. tion, give its NAME is stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED back OR DIVORCED may onio (Month) I HEREBY CERTIFY. That I attended the decensed from 6 DATE OF BIRTH and that death occurred on the date stated above, at ! ! IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH min.? ds. or (a) Trade, profession or 200 particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF OF 0 1 (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from ENT Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OZ. CAUS (State or country) 12 MAIDEN NAM 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER state ocup) ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER State...... yrs......mos..... of deathyrsmosds. (State or country) hould nt of O Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Clans short statement of residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. 39.1.

(Approved by U. S. Census and American Public Health Association.)

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Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, to report Foreman, For many occupations a single word or term on yrs). Farm laborer. Laborer-Coul mine, etc. Wom-(b) Cotton mill; (c) Solesmon. (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation As examples: (a)

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approved by Committee on Nomenclature of the (Recommendations on statement of cause of totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite; Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid Chronic Example: Meosles (disease valvulor heart etc. The contributory need not be disease; " etc.

If this certificate is looked over thoroughly and al questions answered in detail, it with the further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	STATE OF MARY AND
1	County Washinglan	CERTIFICATE OF DEATH
		Registration Dist, No. 3 63
	Village or City Clear Stormono. T	Ocasal a said
ej.	A Mage of City To Cast State of City	a hospital or institution, give its NAME it
ifica	2FULL NAME GLORAL BOOK	USCO-C stead of street an number.)
cert	PERSONAL AND STATISTICAL RESTITUTION	MEDICAL CERTIFICATE OF DEATH
ack of	Male hear (Write the word)	(Month) (Day) (Year).
u p	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
0 8	1848	1927. to Cl 11 January 192
ion	file ((Month) , (Day) (Year)	that I last saw h Walive on Cugle 6 -1 , 192
uct	7 AGE /A 2 7 If LESS than	and that death occurred on the date stated above, at
str	83 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
드러	B OCCUPATION	In seller of
See	(a) Trade, profession or particular kind of work	
1:	(b) General nature of industry	***************************************
ta (business, or establishment in which employed or (employer)	(Durstion)yrs mosd
pod	9 BIRTHPLACE	Contributory
<u>B</u>	(State or country) Maryland	(Duration) Yrs., mos.
ery.	TO NAME OF PATHER PLANE PATHER	(Signed) Tug Mac To JEzzy M. I
> 8	FATHER Show Briston	Cite 28 1920/ (Address) Wilder Lance
N.	OF FATHER	*State the l'is ase Causing Death, or, in deaths from
0	Z (State or country) / O	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TA.	of Mother margaret Stools	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
CO	13 BIRTHPLACE	ients or Recent Residents) At place In the
000	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosd Where was disease contracted,
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of des.h?
t l	" Cours Bours	Former or usual residence
statement	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ate	(Address) XOllon Sjrring, Id.	Chaptel yourd thing 31, 193;
80	15 Filed aug \$ 3 1931 Joseph W. Tourney	WW trank Clear Ster
	If more banks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

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County Cartering	Registration Dist. No. 30 2
Village or City Deathe Syrille	St.: Ward) (If death occurred in a hospit if or institution, give its NAME is stead of street an
2FULL NAME QUILL PARTICULARS	Mister (number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
Fleusle White Windowed le	16 DATE OF DEATH LUNGS /5 , 1971
6 DATE OF BIRTH	17 I HEREBY CONTIFY, That I stended the aftersed from
(Month) (Day) (Year) 7 AGE [If LESS the	and and that death occurred on the date stated above, at 2/3
6 Oyrs. / mos. 5 ds. or min	rs. The CAUSE OF DEATH * way as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Tyrs. 6 mos de
9 BIRTHPLACE (State or country)	Contributory Secondary (Dustien) - vrs mos. de
FATHER Coder W. Bushow	(Signed) M. D. M.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ely, Surul	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosde
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?. Former or usual residence
(Address) Breathedown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 8-16 19316hastHBower	20 UNDERTAKER ADDRESS
Registrar If more bianks are needed, address State Registr	res. 16 W. Saratova St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a especially in industrial employments, it is neces-Farm laborer. Laborer-Coal mine, etc. Womyrs). For persons without more precise specification as Day Stationary fireman, etc. But in many who have no occupation single word or term on As examples: (a) The ques-

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinktheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) approved (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (mercly symptom-(secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature for malignant neoplasms); Measles; Chronie Example: Measles (disease valvular heart disease; etc. The contributory need not be death

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09758
sta sta UP.	1. PLACE OF DEATH	(119)
should f OCC	county Washington	Registration Dist. No.
of of	Village or City TTT 1 & box	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		sds. How long in U.S. if of foreign birth?yrsmosds.
Eve	2. FULL NAME Mosie Jane 12	us sand
CORD. Every PHYSICIANS of statement	(a) Residence: No. TTT t Tabut	St., Ward.
PH)	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Y. Exa	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S. D. Je	21. DATE OF DEATH Thug 28 1931
T L fied.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
RMANEN X A C T I classified.	(or) WIFE of	22. ! HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) TT GY 13- 1931	I last saw h alive on, 19; death is said
ed ed berly ficat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
IS A PE stated E properly certificate	3 1 0 or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
HIS be pe of c	8. Trade, profession, or particular kind of work done, as SPINNER, Yon & SAWYER, BOOKKEEPER, etc.	Moline Moursh x
	9. Industry or business in which	Gastra enterities Cul-R
X =	SAW MILL, BANK, atc	
AGE S that it ons on	this occupation (month and spent in this, year) occupation	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Hagers town	Other Coutributory Causes of importance:
FAI ied.	(State or country)	
	13. NAME Chas H. Brassard.	
E -= 0	14. BIRTHPLACE (city or town) Hagey 5 town	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
WITI efully in pla int.	15. MAIDEN NAME Alice Mine	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
2	15. MAIDEN NAME HICE Mine. 16. BIRTHPLACE (city or town) Hageystown	Accident, suicide, or homicida? Date of injury, 19
AINEY, Id be can DEATH y import	(Stata or country)	Where did Injury occur?(Specify city or town, county and State)
E PLAI should OF DI	17. INFORMANT LAS HIS USSAY OL (Address) The Taby TITA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, GREMATION, OR REMOVAL Place Hay Oxs Hown IIP ate Hug 31, 1931	Manner of Injury
WRITE mation s CAUSE TION is	19. UNDERTAKER FLK, COXX MQ Y	24. Was disease or injury In any way related to occupation of deceased?
P)	Me Man Mala	If so, specify (Signed) Prophy Caroner M. D.
	20. FILED, 19 Registrar.	(Address) Blaghester of med
1.14.13.	If more blanks are would allow Sant Daise	- N O I C . P I P

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	F1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

BINDING

FOR

RESERVED

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DG /	TORU .			
Other contributory causes of imp	ortance:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City/ Vag Anstown Haelunglow	Registration Dist. No. 30 2
2FULL NAME Frackrick O	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While SINGLE, Jungle MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 8 9 , 1931
6 DATE OF BIRTH Direct (Nonth) (Day) (Year)	that I last saw him alive on way 1,1931,
7 AGE 19 yrs. H mos. 2 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or harm Tabour (b) General nature of industry	- Juni
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER TASH CLIFF	(Signed) 5. W. Lelan M. D. Lee 10 1931 (Address) Books och
Z (State or country) 12 MAIDEN NAME	*State the Ulsease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of MOTHER DENTINOL OFFINISM 13 BIRTHPLACE OF MOTHER (State or Country)	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents) At place of deathyrsmosds
(Informant) TANK CLIFF	Where was disease contracted, if not at place of dea.h? Sharpsburg Manual residence Land Contracted Land Contr
(Address) Sharfs blong Mol	Sharps burg me 8=12.19.31
Filed 1923 Registras If more blanks are needed, address tate Kegistras	Ch Suman + Co Kracysville , 16 W. Saratoga St., Buito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Farmer (to g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter whatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Housemaid, etc. report specifically the occupations of persons cn Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as (b) Automobile factory. The material If the occupation has been changed single word or term on -Coal mine, etc. Wom-As examples: (a) (b) Grocery; The ques-Day

Strtement of Cause of Death—Name, first, the DISEA... 'VILING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebros; inal meningitis", Diphilheria (avoid use of "Croup"); Typhoid forer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetahus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY State cause "PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrnage, "Shock," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondar;), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Careinoma, Sarcoma, etc., ol American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephrilis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "Atrophy." "Collapse," "Coma, Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as for which surgical operation was Chronic valvular heart disease; and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory Nomenclature of the ," "Convulsions, not be under-

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospindl fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage," cough; Chronic Carcinoma, Sarcoma, etc., of ," "Coma," "Convulsions, etc. valvular heart disease; The contributory

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 7 67 Registration Dist. No. 7 67 (If death occurred in a hospital or institution in the NAME is the state of the NAME is the NAME is the NAME is the state of the NAME is the N
2FULL NAME (Still-bond)	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Quart: 15 , 193 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Still bow If LESS than I day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Stillborn
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde.
9 BIRTHPLACE (State or country) Mrshortselbd.	Contributory Secondary [Duration]
10 NAME OF FATHER CUSSILLY. Darsey	(Signed). M. D. (Address) Wurspart M. D.
OF FATHER (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Narqueite L. Clem	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Hagerstown, MS	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Kissell & Porsey	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Winsport W.	masson Md ang 15. 1981
15 Filed Ang. 15, 1923 16. E. Voickard	PA Doctor your 19.
Olf more blanks are needed, address State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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SEP

V. S. No. 1

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STATE OF	MARYLAND-	CERTIFICATE OF DEATH	753
		Registration Dist. No.	721
County Washington,		No. 228 S. Potomac st,	3
Village or City Hagerstow	(1)	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town whera death of	occurredyrs,mos	sds. How long In U.S. if of foreign birth?yrsm	10sds
2. FULL NAME Margaret		3	
(a) Residence: No. 228 S.	Potomac Stree:	t St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	. 5(4)0
Female 4. COLOR OF RACE 5. S. White 0	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH August 3, (Month) (Day)	, 1931 (Year)
5a. If married, widowed, or divorced HUSBAND of George Ecke	and the second second second second	22. I HEREBY CERTIFY, That I attended action 13 1931 to action 3	deceased from
6. DATE OF BIRTH (month, day, end year)	uary 29 1850		; death Is said
7. AGE Years Months	Deys If LESS than 1 day, hrs. ormin.	to have occurred on the date stated above, at 4:30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	1	Chrise Endocuditio	
SAWYER, BOOKKEEPER, etc	me work	arterio - selevosio	0
work wes done, es SILK MILL, SAW MILL, BANK, etc		ayars - rawses	-
Date decessed last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTIIPLACE (city or town) Germa	ny	Other Contributory Causes of Importance:	
🖺 13. NAME Jacob Holzne	r		
14. BIRTHPLACE (city or town) Germ	any	Name of operation Date of What test confirmed diagnosis? Wes there an	autopsy?
当 15. MAIDEN NAME Unkno	wn	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Unkno 16. BIRTHPLACE (city or town) (State or country) Germa.	ny	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mrs. S. J. Ku (Address) Hagerstown, M	skeyd.	(Specify city or town, county and Sta Specify whether injury occurred in IMDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Carlisle, Pa. Da	-1	Manner of injury	
19. UNDERTAKER Fred W. Krais (Address) Hagerstown,	s.		w
20. FILED 8-5- 193 / Pha	eff Sources	(Signed)	M. [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

very important.

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X		RD	>
	(VI CCO	Stated EXACTI
	(1)		0

PLACE	OF	DE	ATI

County

ashingt	on Co.
17 Bla	

STATE OF MARYLAND CERTIFICATE OF DEATH

	_	-	all.	-
			3 00	900
Registration	Dist.	No.	20	and.

Village	or	City	Hagerstown	(No. \\(\)	ish.	Co.	Kosy	s:Yal	
					13		1		

Ell:naer

(If death occurred in a hospit i or institu-tion, give its NAME in-stead of street and number.)

	,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	Aug. 9 1931 Aug. (Month) 9 (Day) (Year)31
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
J. 15 ans	Aug. 8.1927. to Aug. 9 , 1923].
July 10, 1702	
(Month) (Day) (Year)	that I last saw h er alive on Aug. 9, 19231,
AGE [If LESS than	
29 — Iday hrs.	
yrs. mos. / / ds. or min.?	V
(a) Trade, profession or particular kind of work	"Obstetrical Shock"
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsrnos_/2 frs. ds.
	Contributory Post. occuput - ins. deliv.
(State or country)	ery, retained placenta, promos 10 to do. (Duration)
10 NAME OF STICLAND	(Signed) M. D. M. D.
11 BIRTHPLACE	Quy, 11 198/ (Address) Hagerstone Md.
OF FATHER (State or country) \ & X G S.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Plice Black.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos. ds. State yrs mos. ds.
(State or country) Q X C C C	Where was disease contracted, survey apts
(Internal) Thertin E Ellinger	Former or usual residence Haghratusters Med.
	19 PLACE OF BURIAL OR REMOVAL J DATE OF BURIAL
(Address) Hagers Youn, IIId	Hagerstown, Md Hug 12. 1931
5 8-11- 31 6 to 140	20 UNDERTAKER ADDRESS
Filed 8-12- 195/PROSTTATION Registrate	III (Oul) Hangustann III

If more branks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (o) Salesman. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect. Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Form laborer, Loborerwithout more precise specification as Doy (b) Automobile factory. The muterial For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease "Inanition," "Marasmus," Old Age, Shock, "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Whooping approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock," "Heart failure," "Haemorrhage," Chronic etc. volvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

tate Registrar, 16

W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day or given up on account of the disease causing death Housemaid, etc. gaged in domestie service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plunter tion applies to each and every person, irrespective of eupation is very important, so that the relative healthwhatever, write None, tired 6 yrs.). business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom. worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stutionary firemen, etc. But in many fulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc For many occupations a single word or term or or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia."

Nomenclature of the American Medical Association.) and qualify as accidental, suicidal, or Homicidal, or symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of eause of death approved by Committee on head of "eontributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonsetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Puerpenal scoticaemia." "Puerpenal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemoreausing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Poisoned by carbolic acid-probably suicide. taken. vulsions." (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease "Anaemia" (merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

r. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 19766	
infor- state UPA-	1. PLACE OF DEATH	- (D)	
a of inforould stat	county Washington	Registration Dist. No. 30	
item of should of OCC	Village or City PTO GT VS TE LONG	No. 3 \$2 \$ Locust St, 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
.= 0	Length of residence in city or town where death occurred		
CORD. Every PHYSICIANS ct statement	2. FULL NAME annie m frime	00	
ICI ater	(a) Residence: No. 35.2 & French St	St., 3 Ward.	
St. St.	(Usual place of abode)	If nonresident give city or town and State	
RECON Fxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Z > B	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	
E L	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE ot		
IAN A C ssiff	(or) WIFE of Johns Finnoll	22. HEREBY CERTIFY That I attended deceased from	
EXE.	1.0:11- 1661	91000 1951, to 4 1731	
PE	6. DATE OF BIRTH (month, day, and year) 5-0-15-15-15-15-15-15-15-15-15-15-15-15-15-	to have occurred on the date stated above, at 103 cm., 1997; death is said	
IS A PE stated E properly certificate	7.4 - (p 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
IS sta pro pro	l or min.	were as follows:	
	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	(Bosselina) Cherry 240 30	
14	9. Industry or business in which	To the transfer of the transfe	
n u e	work was done, as SILK MILL, SAW MILL, BANK, etc.	(ferminal) -	
	70. Date deceased last worked at 11. Total time (years) spant in this occupation (month and 12.3)	4	
55 70	year) 1700 oscupetion 2398	Other Contributory Causes of importance:	
So So	12. BIRTHPLACE (city or town)	ef X LAY	
rAI led.	(State or country)	Greene reneity	
	13. NAME James Millon 14. BIRTHPLACE (city or town) James Carlos		
o n o	14. BIRTHPLACE (city or town)	Name of operation. Date of	
E fie	(State of Country)	What test confirmed diagnosis? Wes there an autopsy?	
INLY, WITI be carefully EATH in pla important.	15. MAIDEN NAME Ellen Buckers	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
ort,	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?	
be EAT	(State or country)	Where did injury occur? (Specify city or town, county and State)	
	17. INFORMANT Mrs. Gelind Kider	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
E PLA should OF D	(Address) Vagenton : 2nd	Manner of Injury	
E S E Si	Plate Charles on Date ang. 26, 1931	Neture of injury	
-WRITE mation s CAUSE TION is	AT K COUL	7.1	
TI C.	19. UNDERTAKER M.: D. COX MACIN	24. Was disease er injury in any way related to occupation of deceesed?	
ri i	9-714 31 6 June Hospital	(Signed) XDRORY (NINGER) UN M. D.	
z (T)	20. FILED Registrar.	(Address) 11 John St. Hagers Augus	
	If more blanks are needed, address State Resistrar		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

a to ophian

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN COMPONATE LIMITO OF	Registration Dist. No. 302
Village or City May Town (No. Nac) 2FULL NAME Elisabeth	Ward) (If death occurred a hospit d or instition, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORIOMORGED WINDOWS AND WIND WIND WIND WIND WIND WIND WIND WI	2 16 DATE OF DEATHURING 19 193/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fr
(Month) (Day) Yes	ar) that I last saw h & alive on awq well 19 , 1931
7 AGE (NIONIN) (Pay) (Per day) (Per day) (Per day) (Per day)	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	fracture of base of 5 kull - struct
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
TO NAME OF HORNY & OVELLE	andling to 1931 (Address) Hoguston Wo
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER 14 OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents) At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos where was disease contracted, if not at place of death? In Hagiston manufactured.
(Informant) Carry Horeman	Former or usual residence
(Address) 22 - Shillingto	I Tresucantle Par 922 19.
Filed 8/2/ 1923/Chastle Sowe	Bullety Wow Saggesto
If more bianks are needed, address State Regi	istrar, 16 W. Saratoga St., Balto., Requesting V. S. 10.1.

. . .

(Approved by U. S. Census and American Public Health Association.)

Spinner, whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer. Laborer -- Coat munc, etc. woun-en at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physicion, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary,, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer. (b) Cotton mill; (a) Salesman. without more precise specification as 6 (a) the kind of work and also (b) the Automobile factory. The material As examples: (a)(b) Grocery; Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences ie. g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "". Weakness," etc., when a definite disease Chronic valvulor heart disease; Example: Measles (disease etc. The contributory Mcasles ; not be

If the certificate is looked over thoroughly and al quistions answered in detail, it will prevent further correspondence. All the data is pessential and must be obtained before the certificate is permanently filed.

SEP

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	09768
County Mary Land	Registration Dist. No. 302
Village or City & ashington Com	by No. Yoshealel St., I Ward
Length of residence In city or town where death occurredyrs,mo	f death occurred in hospital or institution, give its NAME Instead of street and number) s. [ds. How long in U.S. if of foreign birth?
00.7	A A A A
2. FULL NAME LALO. Column. 1 a	N A Oall
(a) Residence: No. (Usual place of abode)	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Evale Shite OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22 LUEDERY CERTIEV THAT A PROPERTY OF THE PROP
(or) WIFE of	22. A I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h 17 alive on Av 2 21 , 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3. P.m.
1 1/ G. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	Acido onet
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	776740070
9. Industry or business in which work was dona, as SILK MILL, SAW MILL BANK atc.	
1) ID Date decreed last worked at	
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation.	
loquet and	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cauchanne (State or country)	Dyscutery actordal cue
13. NAME Siles Edwin. Forrest	
14. BIRTHPLACE (city or town) Coantown used	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margee. Swoffe	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dleasant Cally	Accident, suicide, or homicida?
(State er county)	Where did injury occur?
17. INFORMANT / Lines/ . E. Tarrent	(Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Roandown Mid	
18. BURIAL, CREMATION, OR REMOVAL Place Rover Creek Md Date Oug 23 , 1931	Manner of injury
2 1/	- Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceasad?
(1-7-7 21 / 1)	If so, specify (Signed) V. Cur Plan M. D.
20. FILED J. 1902 / P. May J. J. Resistrar.	(Address) / J. G. W. Look 76 Com. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

16 DATE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

Ward)

(If death occurred in

a hospital or institution, give its NAME in

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICUL

4 COLOR OR PACE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; i whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housennaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very im; ortant, so that the relative healthto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Civil engincer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (c. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE NIEANS OF INJURY Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," Chronic etc. The valrular heart disease; Nomenclature contributory Measles; etc., of

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

۲	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	93-c
CCCCCC	county Washington	Registration Disk No. 30 2
E 00 /	Village or City (1000 or Stown,	No. 459 Summit Nyest, 2 Ward
in o	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long In U.S. if of foreign birth?
RD. Every YSICIANS statement	2. FULL NAME TITO Nie Lowman Fur	at housex
	(a) Residence: No. 4 /9 Sym mit Hys	St. 2 Ward.
point	(Usual place of abode)	If nonresident give city or town and State
RECOI . PHT Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T Y E	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word) TO YY'-	21. DATE OF DEATH Aug 16 (Month) (Day) (Year)
BINDING PERMANEN EXACTI ty classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
ND RMA X A Class	new ton E raule houses	any 13 ,1977 , to any 15 ,1931
BID ENER EN	6. DATE OF BIRTH (month, day, and year) July 31-1869	I last saw hun alive on my 1, 19.31; death is said
R A P ed	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FOR BI IS A PEI stated E properly certificate.	() ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
	8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Change my rear date
VED THIS Id be ay be ck of	9. Industry or business in which	comme my raw and
SERVI NK_T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	solutation of Light a Polymany - Une a.
E E E E	10. Date deceased last worked at this occupation (month and 3) spent in this occupation caupation	
	Bukla (prince	Other Contributory Causes of importance:
ct s c c	12. BIRTHPLACE (city or town) 12. V. 11. 129 2 P. 11 M. 12. (State or country) V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
MARGI UNFAI supplied. n terms,	13. NAME James James	
4 0 2 4	13. NAME Sames Low man 14. BIRTHPLACE (city or town) Bey kilog Sparings.	Name of operation Oate of
T := 70	(State of country)	What test confirmed diagnosis? Was there an autopsy?
E PLAINEY, WITH should be carefully OF DEATH in plass very important.	15. MAIOEN NAME Gadael Wh. Te 16. BIRTHPLACE (city or town) Winchester W	23. If death was due to external causes (VIOLENCE) fill in also the following:
INCY, WI be careful EATH in p	5 16. BIRTHPLACE (city or town) Winchester &	Accident, sulcide, or homicide?
AINEY, do be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
LAI lld DE Cy i	17. INFORMANT Y LEW TONE LUNK HOUSEY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
	Place Winghes Ker Ua Date Fug 17, 1931	Nature of injury
-WRITE mation sl CAUSE (19. UNDERTAKENT IS COXX Ma. M.	24. Was disease or injury in any way related to occupation of deceased?
9 1 10 1	(Address) + address ITTA	If so, specify
wi m	20 FUED 8-17- 13+ 6 Kest Howers	(Signed) Mully M. D.
S Z	Registrar.	(Address) Jayly line Md
Dyl-red Mill	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis [is follows.	1915	Attack of epilepsy	1 week ago
Chronie interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1931	July 5, 1927	Peritonitis	3 days ago
	THE WAY IN THE	200		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Manhaugter	09771 STATE OF MARYLAND CERTIFICATE OF DEATH
2.1.1	Registration Dist. No. 3.5. St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than I dayhrs.	that Liast saw h alive on 192 and that death occurred on the date stated above, at /2/45/
B OCCUPATION (a) Trade, profession or	Stillbith J. J. Monday
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Coelbey gaver 11 BIRTHPLACE OF FATHER (State or country) (State or country) 2 MAIDEN NAME	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Fridelich Co.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted.
(Informant) Rockey Lave	if not at place of death? Former or usual residence.
(Address) Botushas md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Rug. 4. 1901 William J. Basy	20 UNDERTAKER ADDRESS
We mane blanks are needed address State Posistran	10 Tr Constant St Dolto Possesting V C No 1

(Approved by U. S. ('ensus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in demestic service for wages, his Merment, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tired 6 yes.). For persons who have no occupation or given up on account of the disease causing DEATH, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houselaborer, Farm laborer. Laborerworked on may form par' of the second statement cases, especially in industrial employments, it is neces fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Houseneid, etc. If the occupation has been changed to report specifically the occupations of persons en-Civil engineer, Stationery firemen, etc. Physician, Compositor, Architect, Locomolive engineer, tion applied to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia"):

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all couditions, such as "Asthenia," "Anaemia" stated unless important. Example: Measles (disease ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, State cause for which surgical operation was under-"Puerpenal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Wesknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn." vulsions." symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valendar heart discuse; FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Heart failure." "Haemor-"Coma," Meusles; The na-(second-(merely "Con-

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Spinner. state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthbusiness, that fact or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Munager," worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, fost line will be sufficient, c. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. may be indicated thus; Farmer (re-But in many (6) """Deal-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic and consequences (e. g., sepsis affection etc. The contributory valvular heart need "Shock," Measles ; not be disease;

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1937

7 \$ 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor- ild state CCUPA-	1. PLACE OF DEATH	(131)
	County Washing You	Registration Dist. No. 302
E 5 C	Village or City MUG EXISTOWN	No. 425 Quilkord Huest 2 Ward
	0	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. If of foreign birth?yrsmosds.
RD. Every YSICIANS statement	Length of residence in city or town whare death occurredmos	
	2. FULL NAME JUNN ULESTRY GYR	7
RD.	(a) Residence: No. 425 (Usual place of abode)	St., Ward. If nonresident give city or town and State
ECORD. Every PHYSICIANS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO. PH	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Thale White OR DIVORCED (write the word)	(Month) (Day) (Year)
ING NEW CTL	5a. If married, widowed, or diverced	
0 4 4 8	(or) WIFE of Debecco Ellen	22. Defended deceased from
	1 1945	I last saw him alive on der 15, 4, 193/; death is said
BI BE I	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mogths Days If LESS than	to have occurred on the date stated about, at 6 3 / m.
FOR B IS A PE stated E properly	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trada, profession, or particular	Date of onset
VED THIS Id be ay be	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc	arterio selevoro 1928
SERV] NK—T should it may	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Chronic Myolardoris 1929
VK-VIK	2 2 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chronic nephrosis 1930
RES NG IN AGE that	10. Oata deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year occupation.	
N RES	12. BIRTHPLACE (city or town) TYULYSU: 112.	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) THYLYSV: 112 (State or country) W 13. NAME Saml Gyern	
MARGI UNFAI supplied.	E E 13. NAME Saml Green	
MA United	13. NAME JOM GYRRY 14. BIRTHPLACE (city or town) TTT URY SUITE (State or country)	Name of operation Oete of
WITH fully s	(State of Country)	What test confirmed diagnosis? Disseal Was there an autopsy?
WITH WITH efully si	15. MAIOEN NAME SO YOUN TICE 16. BIRTHPLACE (city or town) THE YEYS O'THE	23. If death was due to external causes (VIOLENCE) fill in also the following:
- 1	15. MAIOEN NAME SO YOUN THE LEVEL OF TOWN) THE LEVEL OF T	Accident, suicide, or homicide? Date of injury, 19
be at	(State or country)	Where did Injury occur?(Specify city or town, county and State)
PLAINEY, hould be cal	17. INFORMANT 1 CALLY STATE (Address) 18. BURIAL GREMATION, OR REMOVAL	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ITI	Place MYRYSUITE TITA Data Tile 4 15 , 1931	- Natura of injury
1 -WRITE PLA mation should CAUSE OF D	9 UNDERTAKER AIT. CONTINUAL	24. Was disease or injury in any way related 19 occupation of decaased?
9	(Addrass) Hayers Lown 110	If so, specify
S. S.	20, FILEO 8-17- 31-6 Kast Bewert	(Signed) M. D
» ż	Registrar.	(Address) Hageretown Mrs.
D , 13	If more blanks are needed, address State Registrar.	, 2411 N. Charles Street, Baltimore, Represting U. S. No. 1.

4.13,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week age
Chronic interstitial nephritis Property	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3021 EXACTE y classifi (If death occurred in a hospit t or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE 4 COLOR OR RACE 16 DATE OF DEATH MARRIED (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) that I last saw hour alive on (Month) (Year) and that death occurred on the date stated above, at [If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributor MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, In deaths from FNH () Z Violent Causes, state (1) Means of Injury and (2) Whether (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 01 UNGTH OF RESIDENCE (For Hospitals, Institutions, Trans-ients or Recent Residents) OF MOTHER 13 BIRTHPLACE At place In the OF MOTHER .yrs.....ds. (State or country 00 Where was disease contracted, not at place of death? ormer or Every CIAN: stater If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. X.

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serrant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, House business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im-ortant, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. to report specifically the occupations of persons enlaborer, Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation Cotton mill; (a) Sulesman. (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. But in many Luborer-Coal mine, etc. Wom-Architect, Lacomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> or as probably such, if impossible to determine definitely Paccident; Revolver wound of head-homicide; Paisoned by -carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL persionilis," etc. "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart January, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJURY atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinama, Sarcoma, etc., oi approved by Committee on Nomenclature State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The contributory contributory death

If this certificate is looked over thoroughly and a l quistions—answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	75
1. PLACE OF DEATH	7
County Wahington Dist. No. 20	~
Village or City Hagerstown No. Bellevue Home St, St, (If death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurredyrs,mosds. How long In U.S. if of foreign birth? yrsmos.	ds.
2. FULL NAME Ella Hamilton	
(a) Residence: No. Bellevue Home	
(Usual place of abode) If nonresident give city or town and Stat PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	te
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH	
OP DIVOPCED (perite the word)	(Year)
5a. If married, widowed, or divorced	
(or) WIFF of	eased from
1060	eath is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 12:304M	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ata of onset
8 Trade profession or particular	
SAWYER, BOOKKEEPER, etcHOINE WOLKHOINE WOLKHOINE WOLK	4312
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	
yeer) Occupation Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Hagers town (State or country) Maryland	
13. NAME William McKean 14. BIRTHPLACE (city or town) Name of operation Date of	
What test confirmed diagnosis? Wes there an autop	psy?
15. MAIDEN NAME Evelyn Hays 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, sulcide, or homicide? (State or country) Pennsyl yania	
16. BIRTHPLACE (city or town) Accident, sulcide, or homicide? Date of Injury Date o	., 19
(Specify city or town, county and State)	
17. INFORMANT Ins. J. W. Hays, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Richmond, Virginia.	
18. BURIAU GREMATION, OR REMOVAL Manner of injury	
Place Hagerstown Date Aug. 17 , 19.31 Nature of injury	
19. UNDERTAKER Fred W. Kraiss, 24. Was disease er injury in any wey related to occupation of deceased?	
(Address) Hagerstown, Id. If so, specify The land the land the	
20. FILED 8-/7-, 193/6 HOSO 130 OCCUPY (Signed) JYMWELLY WITH W. Registrat. (Address) Jhyps War he W.	M. D

Statement of occupation.—Precise statement of occupation is very important; so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ritis ECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis to	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 9-1001	July 5,1927	Peritonitis	3 days ago
	THERAIT VS.	l l		
Other contributory ca	uses of importance:	1	Other contributory causes of importance:	11 132
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER STATE	EMENTS BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BURRAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ated	CIANS should state CAUSE OF DEATH in plain terms so that it may be proper	certi
st	pr	of
be	be	ok
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AC	o th	ctic
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7		

PLACE OF PEATH	STATE OF MARYLAND
County nofinator	© CERTIFICATE OF DEATH
for the last of th	Registration Dist. No. 303
200	
Village or City Milkelone (No.	St.: Ward) a hospital or institu-
	tion, give its NAME in-
2FULL NAME	New number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	aug 16 , 1923/
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(lun 16 1931	alleg 16 1921. to aleg 16 , 1923),
(Month) (Day) (Year)	that I last saw h alive on, 192,
7 AGE If LESS tha	n and that death occurred on the date stated above, at
1 dayhr	8. The CAUSE OF DEATH * was as follows:
yrs,ds. ormin	
S OCCUPATION (a) Trade, profession or	Tremaline broke-
particular kind of work	
(b) General nature of industry	1. 1.
business, or establishment in which employed or (employer)	Mdellimin (Duration) yrs. mos. ds.
BIRTHPLACE M /	Contributory
(State or country)	(Dyesto) yro mos ds.
1 10 NAME OF	THE WIND WILL STATE OF THE STAT
FATHER Will Websel	(Signed) M. D.
0 11 BIRTHPLACE	- Mig/ 192/ (Address) Haceoch The
C (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
T 12 MAIDEN NAME ()	Accidental, Suicidal or Homicidal.
of MOTHER Novally ris	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or
(Informant) Of ville Helse	USUAL residence
(Address) Millslow my	Trank & ms 6,017 31
(Address)	preserve proposed in
15 Filed 8/07 131/9 Xees Cu	20 UN DERTAKER ADDRESS
Registrar	Welses Willstone fro
If more branks are needed, address State Regists	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement er," etc., without more process. Coul mine, etc. Wom-loborer, Farm laborer, Loborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. Housemaid, etc. If the occupation has been changed Foremon, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emof Occupation-Precise statement of ocwho are engaged in the duties of the Stationary fireman, etc. But in many Grocery,

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitiol nephritis, Whooping cough; totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railwoy train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; ctc. The contributory Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF	MARYLAN	D-CERTIFICATE OF DEATH 09778
1. PLACE OF DEATH		[73]
County Washington		Registration Dist. No. 30 2
Village or City WHILE TS LOW	NO.	No. Washington County Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
length of residence in city or town where dear	h occurred ves	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. if of foreign birth?
2. FULL NAME Anna		
(a) Residence: No. 29 N. F	(Usual place of abode)	t. St., Sward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
	, SINGLE, MARRIED, WIDOW	ED, 21. DATE OF DEATH
Female White	OR DIVORCED (write the w	1931 • 1931 •
5a. If married, wildowed, or divorced	- i	
HUSBAND of (or) WIFE of William	Hiser	22. I HEREBY CERTIFY. That I attended deceased from 2-1, 1971, to 2-14, 197
6. DATE OF BIRTH (month, day, end year)	1876	I last saw have alive on A - / 4 - 9/ 19 ; death is said
7. AGE Years Months	Days If LESS	
55	orm	I THE I KINGII AL CAUSI. OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	ome Work	Junshot Wounds of chest
work was done, as STLK MILL		aam x nech /1/2/2
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
to Diprilat ACE (situations)		Dther Coutributory Causes of Importança:
12. BIRTHPLACE (city or town) (State or country) Md.		Mouth
III 10. IVAIIL	Rowland	
14. BIRTHPLACE (city or town)		Neme of operation
(State or country) Md.		What tast confirmed diagnosis? Wes thara en eutopsy
15. MAIDEN NAME Fannie Ka	aylor	23. If death was due to axternal causes (VIDLENCE) fill in also the following:
16, BIRTHPLACE (city or town)		Accident, culcide, or homicide? Date of injury / 122 19
(State or country) Md.		Where did Injury occarres where Workington mod
17. INFORMANT David R. Roy (Addrass) Silver Spring		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	23 9 11111 0	Manner of injury Sunshift
Place Hagerstown, Md.	Date Aug. 16,1	
Prod W Veni		24. Wes diseasa er injury in any way ralated to occupation of deceased?
19. UNDERTAKER Fred W. Krais (Address) Hagerstown. I		If so, specify
8-16- 2164	61 HBm. N	(Signed) (W) (Signed) M. D.
20. FILED Q / Y , 192/ / Y	Regist	rar. (Address) + 4 miles my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V.S)		
Other contributory causes of importance:	14(0)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ECORE mation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. -WRITE PLAIN,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09779
1. PLACE QF DEATH	(131)
County Mash	Registration Dist. No. SO
Village or City Wall Storm	No. 443 ridge Carl 2 Ward
Length of residence on city or town where death occurred 2 Cyrs	death occurred in a hospital or institution, we its NAME instead of street and number) ds. How long in U. S. Hot Joreign birth?
2. FULL NAME and Bell	Honis
	C4 Word
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the sunfd)	21. DATE OF DEATH (Month) . M (Pay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A Horizon	22. I HEREBY CERTIFY. That I attended deceased from and fly 1971, to any 20, 197
6. DATE OF BIRTH (month, day, and year) Fan 22 1879	I last say han alive on any wo, 199/; death is said
7. AGE Years Months Days If LESS than day,hrs.	to have occurred on the data stated above, atm.
82 6 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, p:ofession, of particular kind of work done, as SPINNER, was SPINNER, SAWYER, BOOKKEEPER, etc	Certif Nemmayer Hosy
9. Industry or business in which work was done, as SILK MILL. Own have	
SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Course of Importance: Byllint
(State or country)	Cution selium
13. NAME Marshall Michael 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME Section M Garrico	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Section M. Sarricko 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 444 Redge has Dequater	Specify whether injury occurrad in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place les Harry Hoff Date. Mug 23/193/	Nature of injury
19 UNDERTAKER M. J. Corrago Hay	24. Was disease or Injury in any way related to occupation of deceesed?
(Address) Thursday Ma	(Signed) M. D. M. D.
20. FILED . 192 . 192 . Registrar.	(Address) Hegenton hy
If more blanks are model address State Parising	N Chalasan Phi h all S N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and where merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II		
cause of death and related causes were as follows:	Date of onset	
sy	1 week ago	
et car	1 week ago	
	3 days ago	
tory causes of importance:	1 year	
_		

Village or City Hugership (No. 417 Elg	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4307
2FULL NAME Robert Huyer	St.: Ward) (If death occurred in a hospitel or institu- tion, give its NAME in- steed of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH Que /3, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH Qy 13 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Shel bor If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF 9	Contributory Secondary (Duration) (Signed) (Signed) M. D.
FATHER Miller B / Fuyett II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Oucly / anes 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place of death yrs described by the state yrs described by the state where we discose contracted,
(Informant) Millon / Luyet	if not at place of deeth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Registrar 15 Filed 8-13- 19316KosftBoars Registrar	More Hill Cemely any 13, 13/ 20 UNDERTAKER Surgest Sugar Surgerslower
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer, etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day -Coal mine, etc. Womsingle word or term on

Statement of Cause of Death—Name_first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-piral fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "('Exhaustion,')" "Heart fallure," "Haemorinage, "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and another shall arrange to the state of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
		·	
	May 1,1923		1 ye

PLACE OF DEATH County Wash		09783		MARYLAND E OF DEATH
Village or City Hagestrus (1) 2FULL NAME Misc.	till Bon	Return Rd #	Registration	d) (If death occur in hospital or tion, give its NA stead of number.)
PERSONAL AND STATISTICAL P	ARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
W OR D	LE, RIED, WED. IVORCED the word)	16 DATE OF DEATH	Ang (Mouth)	(Day) (Y
7 AGE	(Day), 1 (Year)	that I last saw h	Y CERTIFY, That I a192 to	ttended the decease
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	- md	Contributory Secondary	(Duration)	3 1/2 mos
10 NAME OF FATHER John Krone 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME	dy lu Pa.	Accidental, Suicidal	(Address)//5% disease Causing Deatl date (1) Means of or Homicidal.	n, or, in deaths finjury and (2) Whe
OF MOTHER Sadue Breeze OF MOTHER (State or country) Colored OF MY	w. Va.	18 LENGTH OF RE ients or Recent Re At place of death yrs	nosds. In the	
(Informant) (Address)		19 PLACE OF BURIA	- 1	DATE OF BUR

(Approved by U. S. Census and American Public Health Association.)

Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as *Doy laborer*, *Form laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, worked on may form part of the second statement. nner, (b) Cotton mill; (a) Sulesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation may be indicated thus; Former (re-Locomoliec engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual futer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria avoid use of "Croup"); Typhoil fever never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonocum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease volvular heart disease; etc. The contributory Nomenclature of the need not be Mousles ;

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1931

8

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH ouna Registration Dist. No. (If death occurred in a hospit if or institution, give its NAME i. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. OR DIVO 24 (Day) // H (Year). 17 I HEREBY CERTIFY, That I attended the deceased from 1927 . to (Day) that I last saw h alive on IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or iticular kind of work 0 (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) yrs..... mos. 10 NAME OF FATHER FNH *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU te or country) Accidental, Suicidal or Homicidal. œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0 cup, ients or Recent Residents) 13 BIRTHPLACE At place (1) yrs.....ds. (State or country) 00 Where was disease contracted, if not at place of death? Former or usual residence Every in CIANS statem OF BURIAL OR REMOVAL DATE OF BURIA ADDRESS 20 UNDERTAKER Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. A

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Furm laborer, Luborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on ins). (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) Automobile fuctory. The inaterial Stationary fireman, etc. But in Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." stated unless important. Example: Meusles (disease American Mcdical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage,") atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonacum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic The n.ture of the injury, valvular heart discose; etc. The contributory Meosles; death

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example I	77	Example II	
The principal cause of death and related caus of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN

A CHANGE

P. C. C.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Inborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coak, to report specifically the occupations of persons enworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidewic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pacumonia, Bronchopneumonia ("Pneumouia,"

> symptomatic). "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; (name origiu; "Cancer" is less definite; avoid ment of cause of death approved by Committee on head of ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as "Uraemia," "Weeknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemor-Fulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The na-State cause can be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-Example: Measles Always qualify all "Соша," (sccond-(disease (merely "Conetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is assential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH	1979 STATE OF MARTLAND
1 ashwatow	CERTIFICATE OF DEATH
County	Registration Dist. No. 3.05
<i>b</i>	Acgustation Dist. 140.
Village or City Source (No	St.; Ward) (If death occurred in a hospital or institu
	tion, give its NAME in stead of street an
2 FULL NAME Cally Long	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Mal. (White OR DIVORCED	(Month) (Day) (Year
R DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
DAIL OF BIRTH	angust 10 1923, to ang 2 4 , 100
1862	that Viant naw h M. aliva on Ungust 24, 192
(Month) (Day) (Year)	and that death occurred on the data stated above, at 9:10 A.
If LESS than	The CAUSE OF DEATH & was as follows:
ad. yrs. mos. de or min.	
DOCCUPATION O	
particular kind of work.	
(b) General nature of industry	7
which employed or (employer) was held with	(Duration)
BIRTHPLACE	Contributory 310 USAV RSILUMBILLE Secondary
(State or country)	(Duration) yre, mos 5
10 NAME OF FATHER	(Signed) AN B Albahala M.
Daniel Long	1 2 1 1 1 1 1 2 1 7 1
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country) / recue	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Babare Shab	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country)	At place of death yrsmos da. In the State,yrsmos
4 THE ABOLE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(1)C +1 10	Former or
(Informani) Curell Jong	usual residence.
13.1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Informani) Curell Joseph Marcon Marc	
(Address) Bourshad Ind.	
(Address) Bevonstrad md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dalrung Cemelang. Rug. 27, 103

REVISED UNITED STATES STANDARD DEATH

ERTIFICATE OF

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At Lome. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman.", "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it eupation is very important; so that the relative health-Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b)eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will'be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Oceupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The material

state occupation at 1800 business, that fact may be inness, that fact may be inness, that fact may be inness, there of gra.). For persons who have whatever, write None.

Statement of Cause of Death—Name, first, the pussesse causing death (the primary affection with respect to time and causation), using always the same acceptant definite synonym is "Epidemic cerebro" and interpretation of the capital avoid use of "Croup");

Thought the same disease. Examples: Cerebrospinal avoid use of "Croup");

Thought the same acceptance of the same acceptance

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ou head of "contributory." quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemic." "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weeknes ." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart vulsions." "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. Examples: State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart disease; Accidental decorning; Struck by railway Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcasles (disease failure." "Haemor-Always qualify all The contributory The na-(seeond-(merely ete.

tions buswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202 (If death occurred in class a hospital or institution, give its NAME in . stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED nay be OR DIVORCE (Write the word) (Month)(Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from Year) (Month) (IfLESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in (Duration)yrs...... mos..... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration)yrs. 10 NAME OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether 20 Accidental, Suicidal or Homicidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death yrs......ds. State yrs nos ds. (State or country) 7 Where was disease contracted, if not at place of dea.h? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence. Every i CIANS statem BURIAL OR REMOVAL DATE OF BURIA ADDRESS Registrar If more bianks are needed, address State Registrar, W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Never return "Laborer." "Foreman," "Manager." "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-118. Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation Locomoline engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fover inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Meusles use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma; etc., of "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory Nomenclature (disease death

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classi (If death occurred in a hospit if or institution, give its NAME i. - stead of street and **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 0 0 3 SEX 16 DATE OF DEATH onid may (Month)(Day) 6 DATE OF BIRTH 17/1 I HEREBY CERTIFY, That Intended the deceased from uo tructions that (Day) 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: or min.? (a) Trade, profession or particular kind of work pia (b) General nature of industry ; : business, or establishment in H I which employed or (employer) Contributory 9 BIRTHPLACE mp Secondary (State or country) E W OB 10 NAME OF (Signed). FATHER 0 (Address) 11 BIRTHPLACE EATHER State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether FNA SO CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0 18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transd 4 200 ients or Recent Residents) Cut 13 BIRTHPLACE In the At place of death-OF MOTHER 00 State yrs mos ds. Every item of ir CIANS should statement of OC (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE if not at place of death? usual residence. DATE OF BURIAL Registrar If more bianks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farher (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are enguged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocor At Home, and children, not guinfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer. without more precise specification as Day For persons Laborer-Coal minc, etc. Womwho have no occupation Locomotive engineer, As examples: (a) (6) The quesmaterial Grocery;

East causing death—Name, first, the distance of Death—Name, first, the distance causing death—Name, first, the distance causing always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of lejanus) may be stated under the head of "contributory." State cause for which surgical operation was undercarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL seplicuemia," "PUERPERAL perilonilus, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on 'Congenital," "Senile," etc.), "Dropsy, for malignant neoplasms); Measles; and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, Nomenclature

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	cample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Ach 0 1031	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	OEL V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on both of carefulations. H-CORD BINDIM PERMA Y MARGIN RESERVED FOR WITH UNFADING INK--THIS IS WRITE PL

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County, Washington	CERTIFICATE OF DEATH
		Registration Dist. No. 30 5
	Village or City Bourton (No.	C4. Wand (If death occurred in
care.		a hospital or institu- tion, give its NAME in- stead of street and
	FOLL NAME SOUNCE CALL	number.)
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED, WIDOWED, ORDIVOROED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
110 611	6 DATE OF BIRTH Ctolus - 19 - , 1858 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 2 198/. to Aug 2 1, 198/. that I last saw h [] alive on August 20 4, 1923 /,
ź	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
0	2 yrs. 0 mos. 2 ds. or min.?	Couched Hensourhan -
200	8 OCCUPATION (a) Trade, profession or particular kind of work	
-	(b) General nature of industry	***************************************
9	business, or establishment in which employed or (employer)	(Duretion) yrsmos 2de.
5	9 BIRTHPLACE 4	Contributory Thypaid Toficosis
	(State or country) Mary and	Cardiae surolament (Duration)
	10 NAME OF FATHER	(Signed)
2	11 BIRTHPLACE	aug 2/ 192/ (Address) Bouston, Miss
	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Posama Stattlenger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	13 BIRTHPLACE	iente or Recent Residenta) At place
	OF MOTHER (State or Country)	At place In the of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Clarence Miller	Former or usual residence
	(Address) Burnslino Rontes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 Filed Ry. 263 198 / Crillian D. Bast	ADDRESS ADDRESS ADDRESS
	If more bianka are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

0070

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery: man, (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (secondary (Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) Chronic etc. affection need not be valvular heart disease; The contributory

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200	state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09792
Mil		1. PLACE OF DEATH	23
	ould OCC	county Washington	Registration Dist. No. 302
	should of OCC	Village or City Magly Itown	No240 Wast Side Pive St. S Ward
			death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos ds
	Every CIANS ement	h II. R They	
	RD. Every YSICIANS statement	2. FULL NAME VELLE TENTENTE	01- D W
		(a) Residence: No. 2 40 WOST 51 Cle A	rest., S Ward. If nonresident give city or town and State
1	RECO C. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
C	d C	Tomale White Single.	(Month) (Day) (Year)
Ž	MANEN ACTI assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. L. HEREBY CERTIFY, That I attended deceased from
9	MA A lass	(Or) WIFE OT	april 20, 1929 to aug. 23, 1931
BINDIN	EX A	6. DATE OF BIRTH (month, day, and year) Hy 5 - 1893	I last saw h. Dr alive on duy 23, 193/; death is said
		7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3
FOR	IS A I stated proper	38 4 18 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
	he s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER.	Tuberculons, Fullusmany 4-20-
VED		kind of work done, as SPINNER, Dook Reeper, SAWYER, BOOKKEEPER, etc. Dook Reeper, 19. Industry or business In which	and I whenlaw colonies 7-1-3
RV	should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESER	it sh u	10. Data deceased last worked at this occupation (month and	
RE		year) — Decay 9.30 spant in this Syys	Other Contributory Causes of Importance:
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Shady Grove	
MARGIN	FAI ied. ns, stru	(State or country)	
AR	UNFA supplied n terms, ee instru	13. NAME HI bert Miller.	
M	CO	(State or country)	Name of operation PDR Base of Date of
	F 52 52	# 15. MAIDEN NAME Ida H. Harbaugh.	What test confirmed diagnosis?
	PLAINLY, WITH hould be carefully OF DEATH in pla very important.	5 16. BIRTHPLACE (city ar town) TTT iddly byrs	23. If death was dua to extarnal causes (VIDL ENCE) fill in also the following: Accidant, sulcide, or homicide?
0	INLY, be cal EATH import	[State or country] Pa	Where did injury occur?
	AINI ld be DEA7 y imp	17. INFORMANT ITTES I da ITTILLEY	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	should OF DI	(Address) Haceystown, III a.	1.1.0
	E S S	18. BURIAL, CREMATION, OR REMIDVAL	Manner of injury
		Place Sycencas The Ma Date Hug 25, 1931	Nature of Injury
	mation CAUSH TION	19. UNDERTAKER AN. COXXXXXX	24. Was disease or injury in any way related to occupation of deceased?
No.	in i	(Address) + as eys to won. It d	If so, specify thousand the self
ν. Ω	(T)	20. FILED 8-24,1931 Charft Bower Registrar.	(Signed) W. Honard Hough M. E.
, U	eager -		2411 N. Charles Street, Baltimory, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Furmer (no or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many tion applies to each and every Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material For persons who have no occupation person, irrespective of Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Idanum may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association. Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, for malignant neoplasms); Measles; Chronic etc. affection need not be valeular The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed

STATE OF 1. PLACE OF DEATH County Washington	MARYLAND-	CERTIFICATE OF DEATH Registration Dist. No. 302	
Village or City Beaver Creek	(1		ard
2. FULL NAME Jefferson (a) Residence: No. Beaver Co		St., Ward. If nonresident give city or town and State	
	L PARTICULARS SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH August 11, 1931 (Month) (Day) (Year)	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	ne 27, 1862	22. I HEREBY CERTIFY. Thet I ettended deceased for fully 20, 1931, to Que 11, 193	
7. AGE Years Months 69 1	Days If LESS than 1 day, -hrs. ormin.	note as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month end year)	Laborer 11. Total time (years) spent in this occupation	Carringua of Stomach 15mg	Buse
12. BIRTHPLACE (city or town) (Stete or country) Chio 13. NAME James W. Mo:	rgan	Other Contributory Causes of importance:	
14. BIRTHPLACE (city or town) Nyersy: (State or country) Md.	_	Name of operation Dete of Whet test confirmed diagnosis? Was there an autopsy?	0
15. MAIDEN NAME Delilah Recommendation of the second of th	Harrison Md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown W. 20. FILED 8 - 3 - 19316 Kg		Nature of injury 24. Wes disease er injury in any way related to occupation of deceased? TLD If so, specify (Signed) Feeley Offrigat UV M (Address) / W. W. B. Fragewisseur M	1. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH .	93-C STATE OF MARYLAND
County Washington	CERTIFICATE OF DEAT
WITTH CHEPTRATE IMITO OF	Registration Dist. No. 30
Village or City Myentouse (No. 2/5) 2FULL NAME Edww Hoze	Syluullase 5 Ward) (If death occur a hospit il or tion, give it a N. stead of stre number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVERSITY (Write the War AND WILL)	16 DATE OF DEATH august 27, (Month), (Day) (
6 DATE OF BIRTH	Duguet 16 191 to august 22
(Month) (Day) (Year	
8 7 yrs. 9 mos. 6 ds. 1 day h	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Chromic myo caractic
(b) General nature of industry husiness, or establishment in which employed or (employer)	(Duration) 5 (W.)
9 BIRTHPLACE (State or country) Perma	Contributory Secondary Secondary (Duration) 5 yr (Est) mos
10 NAME OF EUGANUL Myes	(Signed) JO OWEN Hagustown M
OF FATHER (State or country)	*State the Disease Causing Duth, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal.
of MOTHER Hause Flore	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
OF MOTHER (State or country) Penna	At place of death yrsmosds. In the State yrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h? Former or usus residence
(Informant) 1/100 Colon	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR
Filed 9-24-1927 Skaff Bows	20 UNDERTAKER ADDRESS
	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is annually of the nature of the business or industry, and therefore an extension of the business of t Statement of Occupation—Precise statement of occupation is very important, so that the relative health-of fulness of various pursuits can be known. The question applies to each and every person, irrespective of control of the contr whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken er," etc., Spinner, additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, o Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housevife, Househousehold only (not paid Housekeepers who receive an en at home, who are engaged in the duties of the worked on may form part of the second statement."

Never return "Laborer," "Foreman," "Manager," "Deal-G Civil engineer, Physician, Compositor, Architect, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on a or At Home, and children, not gainfully emijrs). Farm laborer, man, (b) Automobile factory. The material man function of the second statement. without more precise specification as Day For persons who have no occupation Stationary freman, etc. But in many Laborer-Coul mine, etc. Wom-Locomotive engineer, Cameron, letter from Dr. W. December

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

carbolic acid-probably suicids. The nature of the injury, approved by (Recommendations on statement of cause of tchous) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, acaident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus, when a definite disease "Traemia," "Weakness," etc., when a definite disease Always qualify all "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, merican Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, "Tumor" Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature of the ongenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," for malignant neoplasms); Chronic etc. The contributory valvular heart discase; "Haemorrhage, Measics;

If this certificate is looked over thoroughly and a'l questions, answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Washington	09796 STATE OF MARYLAND CERTIFICATE OF DEATH
County June 2 de la constante	Registration Dist. No. 307
Village or City Sandy Stools: (No.	St.: Ward) (If death occurred in a hospital er institution, give its NAME In-
2 FULL NAME John Tenson No.	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWES, OR DIVORCED (Write the word)	16 DATE OF DEATH QUE 28 , 1937 (Year)
6 DATE OF BIRTH ALL 24, 1852 (North) (Day) (Year)	that I last saw h elive on Aug 23, 193/
7 AGE (Month) (Day) (Year)	and that death occured on the date stated above, at
79 yrs. 5 mos. 29 ds. or min.?	The CAUSE OF DEATH + was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yre mos da,
9 BIRTHPLACE (State or country) Wash Co Md,	Contributory Secondary (Duration) yrs
10 NAME OF FATHER John nowis	(Signed) Dhusau M. D. aug 23 1983 (Address) Harburs Ferry W16
OF FATHER (State or gountry) Wash to mol.	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Chables Brook	18 LENGTH OF RESIDENCE (For hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place of death yis mos ds. In the State yrs mos ds.
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Werton mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL [Veralla Wille Mod., Time, 26, 193]
15 Filed 8-2 5 1831a Emmer Yourker	20 UNDESTAKETS SOUNDERS WAS NOTHING WITH
If more banks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation" state occupation at beginning of illness. If retired from er," etc., without more precise specincation as vay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupition is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Deal-Civil engineer. Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many not gainfully em-The ques-

2 156

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> > Examples: Accidental drowning; Struck by railway traincarbolic acid—probably suicide. The nature of the injury 'telants') may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis CKRccommendations on statement of cause of American Medical Association.) approved and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Weakness," etc., when a definite disease "Uracmia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease ingus, perilonacum, etc., Carcinoma, Sarcoma,, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as by Committee on etc. valvular heart Nomenclature of the The contributory discuse;

If this certilicate is looked over thoroughly and all que tions answered in derail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEA		1 177711	LAND	CERTIFICATE OF DEATH	19791
County Washi	ngton			Registration Dist. No.	3//
	Near Til	ghmant	on		t. Wa
Vinago of Oity			(II	No. St death occurred in a hospital or institution, give its NAME instead of stree	t and number)
Length of residence in	city or town where d	eath occurred.	yrs, 2mos	ds. How long in U,S. if of foreign birth?yrs.	mos
2. FULL NAME			ynolds		
(a) Residence: No.	Sharps	burg I	vid.	St., Ward.	
		(Usual place		If nonresident give city or tow	
PERSONAL A		, -		MEDICAL CERTIFICATE OF DEAT	ГН
	or or RACE		RRIED, WIDOWED, D (rupite the word) NOO	21. DATE OF DEATH Aug 2. 193 (Month)	1 , 193
5a. tf married, widowed, or di HUSBAND of	vorced			22. / I HEREBY CERTIFY, That I atte	andad dagaged 6
(or) WIFE of W11	liam Rey	nolds		22. HEREBY CERTIFY, That latte	
	AAG	2.	2000	t last saw h er alive on \$ 2 ,19	
6. DATE OF BIRTH (month, of 7. AGE Years	ay, and year on a	21 Days	1860	to have occurred on the date stated abovo, at 2 Pm.	
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7 1	5	10	ormin.	wera as fallows:	Date of or
8. Trade, profession, or kind of work don	particular a, as SPINNER, EEPER, etcH_C		1.	Heat maustion	(+)
SAWIER, BOOKK			r.K	11-24	
SAW WILL, DANK	SILK MILL, at				
SAW MILL, BANK 10. Date deceased last w	orked at	11. Total	tima (years) ent in this 11fe	Charte the see	
year)	Jane-	060	upation 1115	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or tow (State or country))Sharpa	burg !	ма	Cities Control of the principle of the p	
H 13. NAME TODA	H. Snav	relw			
13. NAME John				Name of operationOat	a of
(State or country)		LCI III		What test confirmed diagnosis? Was the	
15. MAIOEN NAME I	ydia Do	naldson	n	23. If death was dua to external causes (VIOLENCE) fill in also the fo	
Ξ				Accident, sulcida, or homicide? Oate of Injury	
O 16. BIRTHPLACE (city or State or country		and		Where did injury occur?	
Mrg	William			(Specify city or town, county a Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBL	nd State)
I/. INFURMANT	arpsburg		land	Specify middle myself because in the second middle many or mit one	
18. BURIAL, CREMATION, OR	REMOVAL			Manner of injury	
Plac Shar	sburg Mo	Date At	1g 6 19 31	Nature of injury	
				24. Was disease or injury in any way related to occupation of dacease	ad?
19. UNDERTAKERA.] \((Address)	ert Les	£		If so, specify	- /
7 117	111amspo	I / W	0	(Signed) LEAT MCDONE	U.
20. FILED Clacy of	,193/	4.19	Registrar.	(Address) A Qua A Miles	1. 701
	- //			2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	~ //4

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	*
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
C COLONIO COLO	May 1,1925	disnochierus	1 year

V. S. No. 1

tacı	PLACE OF DEATH	09798 STATE OF MARYLAND
û	County Jushan Work	CERTIFICATE OF DEATH
90.	WITHIN OCHPARATE LIMITS OF	7/ Registration Pist No. 302
te.	Village or City Hagestown	Oph Ov St.: Ward a hospital or institu-
rtificat	2FULL NAME dons Frank	Stead of street and number.)
eo co	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH () () () () () () () () () (
ns on b	6 DATE OF BIRTH (17 I HEREBY CERTIFY, That I attended the deceased from A (0 3 1931. to A (0 4 1931, that I last saw h & Ralive on A (0 3 1931,
tio th	(Month) (Day) (Year) 7 AGE If LESS than	
So Luc	l day hrs.	
nst	yrs. 3 mos. / 8 ds. or min.?	
te le	a) Trade, profession or	He190015
ain.	particular kind of work (b) General nature of industry	
ant	business, or establishment in	(Duration) yrs. mos ds.
mport	which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory intenting under estimal
Y E	10 NAME OF	(Duration) yrs mos ds.
× 0	FATHER Harry 13 Knichards	(Signed) M. D.
ON IS	OF FATHER Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
SE	E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
15 A C	of MOTHER Jorly Callerson	ients (Recent Residents)
Sta	13 BIRTHPLACE OF MOTHER	At place of dea' yrs
0 0	(State or country)	Where was disease contracted anetown Md
ent of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual less
stateme	(Address) Caneforth,	Hig Wille Prid cing 5, 19 01.
9 6	Filed 8-5-1931 Whost Bower	Soundertaker Howney In/hsber
	If more banks are needed, addre a State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		the state of the s

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The materia Or For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. At Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "(Exhaustion," "Heart failure," "Haemorrnage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bro chopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaenia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH. CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in- . stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED 3 SEX g back may (Month) OR DIVORCED (Day) (Write the word) HEREBY CERTIFY. That I attended the decaased from instructions that I last saw h. Et alive on AC (Month) (Day) (Year) and that death occurred on the data stated above, at ... 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs.ds. or min. ? OCCUPATION X (a) Trade, profession or piain particular kind of work RESERV UNFADING (b) General nature of industry business, or establishment in (Duration)yrs.....mos.... which employed or (employer)..... Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME DF (Signed) FATHER II BIRTHPLACE Z OF FATHER *State the Disease Causing Death, or, in deaths from OIL Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country) W œ 4 OCCUP 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death yrs.mos......da. State, yrs. mos. (State or country) should Where was disease contracted, if not at place of death?..... of THE BEST OF MY KNOWLEDGE statement Former or usual residence. 19 PLACE BURIAL OR REMOVAL DATE OF BURIAL Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Remesting S. No.

(Approved by U. S. Ceusus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing death, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-As examples: (a)

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

symptomatle), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (mercly ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, of Homicidal, of diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbalic acid-probably suicide. train-accident; Revolver wound of head-homicide; State cause "PUERPERAL septicaemia." "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions." (seeondary or intercurrent) affection need not be Whooping cough;(name origin; "Cancer" is less definite; avoid For VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart (Recommendations on state-Example: Measles (disease Committee disease; (second-The ua-...Conetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Fureau of
Vital Statistics
JOHN COLLINSON, M. D., CHIEF

State of Maryland

Department of Health

DR. R. H. RILEY. DIRECTOR

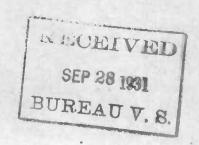
2411 N. CHARLES ST., BALTIMORE

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R. H. RILEY, M.D.

September 24, 1931.

Mrs. G. Dayton Robinson, Big Spring, Washington County, Md.



Dear Madam:

We have at this office, a certificate of death of your child, Harriett Bessie Robinson, who died on August 16, 1931, near Clear Spring. Dr. Rich has stated that this child was female.

We also have a certificate of birth for this child, born March 14, 1931. On the birth certificate it is stated that the child is a "male" child.

Please advise us if this child was a boy or a girl. A note on the bottom of this letter will be satisfactory.

Very truly yours,

John Collinson Chief, Bureau of Vital Statistics.

Dear siz: MD

the child that was Born an march 141931 is Eyrus David Rofiser (male) your must have your lines Ported Respet

V. S. No. 1 ω.

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STATE O	F MARY	YLAND-	CERTIFICATE OF DEATH	9800	
1. PLACE OF DEATH			(179)	2/000	
County Washington.	LIMITE OF		Registration Dist. No.	2	
Village or City Hagerst	own, Wa	shington	Conenty Hospital St, f death occurred in a hospital or institution, give its NAME instead of street and	3 Ward	
			f death occurred in a hospita for institution, give its NAME instead of street and s		
2. FULL NAME Omar K.S	hipley.				
(a) Residence: No. Clears	pring, 1	Md.	St Ward.		
	(Usual place of	of abode)	If nonresident give eity or town and	1 State	
PERSONAL AND STATISTI 3. SEX 4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH		
Male White		(write the word)	21. DATE OF DEATH A August 22	, 193	
5a. If married, widowed, or divorced HUSBANO of		3.2.0	(Month) (Day)	(Year)	
(or) WIFE of			22. HEREBY CERTIFY, That I attended	deceesed from	
6. DATE OF BIRTH (month, day, and year)	7-1-1		I last saw h w alive on 2 2 19 31 deeth is said		
7. AGE 3 Years 8 Months	23 Days	If LESS than	to have occurred on the date stated above, at	., 40011113 3414	
1927 Nov.	29th	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1 -	
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Date of onset	
SAWYER, BOOKKEEPER, etc			Att 0		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at			De la Possocia		
this occupation (month and	11. Total tip	t in this	Occidental Curson.		
yeer)		pation	Other Coatributory Causes of Importance:		
12. BIRTHPLACE (city or town) Clears (State or country) Marylan					
14. BIRTHPLACE (city or town) Clea	rspring	•	Name of operation	1	
(State of country) Intel I	yland.		What test confirmed diagnosis? Wes there en	/	
15. MAIOEN NAME Laura			23. If deeth was due to external causes (VIOLENCE) fill in also the followin	g:	
	rspring yland.	•	Accident, sulcide, or homicide? Date of injury	, 19	
- (State of country)			Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT Charles (Address) Classes					
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	*	
Place Clearspring, M	doate Aug	25 _{, 19} 3.	Nature of injury		
19 DNDERTAKER Fred W.Kr	aiss.		24. Was disease or injury in any wey related to occupation of deceased?	10	
(Address) Hagerstown	Md.	7	If so, specify OY		
20. FILED & -24-, 19 6 16	action	Registrar.	(Signed) Address) Hagasa Journ	11 M. D.	
If more b	lanks are needed, as		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	~ ~	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I		Example II The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of dea of importance were as follows:	th and related causes;	Date of onset			
Arteriosclerosis	1031	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	41.	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAUV	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes Gallstones	of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I			Example II			
The principal cause of dea of importance were as foll	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	PED 9 1031	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	OLD CONTRACTOR	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	RURYAUV	SJuly 5,1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				•		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Washington	09892 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 36
Village or City Man Swithsburg. (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Yeer)
6 DATE OF BIRTH Que 27 th., 1931 (North) (Day) (Year)	thet I last saw h alive on 192
7 AGE If LESS that I day hre	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Stellborn
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
BIRTHPLACE (State or country)	Contributory and under the sum of . Secondary (Duretion) yre too de
FATHER Harlan E. Smith	(Signed Valler Hall estra). M. D. 8/27/1921 (Address) Daysels born, Ta.
State or country) Maryland.	*State the Disease Causing Death, or, in deeths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homleidal.
of Mother Ruth J. Ridersous	18 LENGTH OF RESIDENCE (For Bespitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Mary land.	At place of death yrs mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Garlen & Smith	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Smithsbug ma	Pleasant Valley 8/27/, 1031.
Filed ang 27 19/31 Les in Jeguson	Hailand Smithe Smithshing
If more branke are needed, address State Registr	ar, 16 W. Saratoga St., Baito., Requesting v. S. 170. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of f thess of various pursuits can be known. en at home, Never return 'Laborer,'" Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a tition is very important, so that the relative health harer Farm leborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, w' are engaged in the duties of the mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); onbar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy" "Collapse," "Corna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles inges, peritonacum, etc., Carcinomo, Sarcomo,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart disease The contributory

If this certificate is I oked over thoroughly and a I questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

MARGIN	N. BWRITE PLAINLY, WITH UNFADI.	mation should be carefully supplied.	CAUSE OF DEATH in plain terms, so	TION :
V. S. No. 1	N. B.—WRITE	mation sh	CAUSE	- TACAM

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09803
1. PLACE OF PEATH	700 300
County Manning for	Registration Dist. No.
Village or City M. My allo lone	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME PIERCE SA	YDER.
, (a) Residence: No.	St., Warel.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR. DIVORCED (revite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 1 10 70	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) July 6 1802	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated ebove, at The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, FARMEIR SAWYER, BOOKKEEPER, etc.	the state of and
9. Industry or business in which	Pierce Smady Lound
work was done, as SILK MILL, SAW MILL, BANK, etc	in the Rushing
10. Dato deceased last worked at this occupation (month and year)	caus of fire unknown
MARU (2. 11/17)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) J. Y. A.S. A. C. O. M. D. (State or country)	
# 13. NAME Fresh. Sunder.	
14. BIRTHPLACE (city or town) Washingtones.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMBuliay, Bryder.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAMPULLARY Surger 15. MAIDEN NAMPULLARY BRIEFER CO. 16. BIRTHPLACE City or town) Maslungton Co.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT NI L' PECIX	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / A V O Q V V D	······································
Place Dunkard Cm. Date \$1 14, 1931	Manner of injury
OTP TENIVINS	Nature of injury
19. UNDERTAKER Address), TANCOCK MD	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8 16 , 1931 T Performed. Registrar.	(Signed) Alexa File Got Communa.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioseterosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. De Brumback

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Other contributers course of investment			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	HYS	Exa	
WILLE TO WILL UNITABING INN-INIS IS A FERMI. ENI	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYS	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exa	statement of OCCUPATION is very important. See instructions on back of certificate
INI	stated	prope	of eert
	be	be	ok
LIVINI	ehould	it may	s on ba
4	OE	hat	one
2	A	0 #	loti
CIL	lled.	ns s	nstru
!	ddr	teri	90
4	S	in in	Se
=	En	pla	nt.
5	ref	드	rta
	ca	H	odt
Y	be	EA	T
	pir	0	ery
C	101	O	> 00
-	8	S	Z
>	ior	AU	0
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F	ż		

PLACE OF DEATH	09805 STATE OF MARYLAND
County Mashing ton	CERTIFICATE OF DEATH
R	Registration Dist. No. 30 Z
Village or City Hagus Grown 2 Stull NAME Comer & &	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule of the word of the word of the word	16 DATE OF DEATH 8/3 , 1923/ 8 (Month) 3 (Day) //3/(Year)
6 DATE OF BIRTH Och 20, 1872	17 I HEREBY CERTIFY, That I attended the deceased from Jan 1931, to 3, 1923/,
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 1922,
5 yrs. 8 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or full Grown particular kind of work	nephrit
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Z yrs mos de,
9 BIRTHPLACE (State or country)	Secondary (Duration) yrsmosds,
FATHER David R Shakura	Bigned) I'do Duelle M. D.
OF FATHER (State or country) (State or country)	*State the I is ase Causing Yeath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mathe & Lisse	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of dea' yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	former or usual residence
(Address) Chewsvill Mu	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLD 5, 19 8/
15 Filed 8-5- 1823/ Chas/Bowers Registrar	20 UN FERTAKER Lowney Smithsburg
If more banks are needed, address ttate Registrar	, 16 W. Saratoga St., Balto., Requestip V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or For many occupations a single word or term on especially in industrial employments, it is necesyrs). At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory " "Convulsions,

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er," etc., war-harer, Farm laborer, a should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a yrs). (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The Laborer-Coal mine, etc. single word or term on The quesmateria Grocery, Wom-

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> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease approved by Committee on Nomenclature "Inanition," "Marasmus," "Old Age," "Shock, "Uraemia," "Weakness," etc., when a definite diseas atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic ," etc., when a definite disease etc. valvular heart The contributory Always qualify all not be disease;

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RUKRAU

PLACE OF DEATH	09897 STATE OF MARYLAND
County Was Mirgian	GERTIFICATE OF DEATH
near R	Registration Dist. No. 305
Village or City Soons (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME 1: - stead of street and number.)
	namber,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale A COLOR OR RACE SINGLE. MARRIED. WIDOWED. anddown OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 8 - /2 , 199 ((Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
4 18 1853	May 4 198/ 10 tug / 198/
(Month) (Day) (Year)	that I last saw hor alive on May 17, 1923,
7 AGE If LESS than I day hrs. 7 yrs. 4 mos. 8 ds. or min.?	
8 OCCUPATION	
(a) Trade, profession or particular kind of work	Chronic Musica dition
(b) General nature of industry	Myorana
business, or establishment in which employed or (employer)	Duration) by yrs. mos. ds.
9 BIRTHPLACE (State or country) Manueland	Contributory Secondary (Durajin) yrsds.
10 NAME OF George Reeder	(Signed) M. D. Willan My D. M. D.
of FATHER (State or country) Maryland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER The Maria	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted,
(Informani) John ON Wholet	Former or usual residence
(Address) Showsill Mid-	Jocust Grove 8-14, 1931
15 Filed Cuy 13 18/ [1. Cham) Cont	C. L. Survan to Hedgeill
If more banks are needed, address ttate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthto report, specifically the occupations of persons eng. god in domestic service for wages, as Scream, Cook, Spinner. (b) Cotton mill; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocwhatever. write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepvers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomolive engineer iousonaid, etc.: If the occupation has been changed Foreman, first line will be sufficient, e. g., Farmer or Planter especially in industrial employments, it is neces-For many occupations a single word or term on 10 Farm laborer, Laboreryrs). At Home, and children, not gainfully emwithout more precise specification as Day For persons (b) Automobile factory. The material who have no occupation -Coal mine, etc. Wom-But in many

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stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraomia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as mobably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," (secondary Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VICLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid or intercurrent) Committee on Chronic Example: Measles (disease "Senile," etc.), "Drcpsy, etc. The contributory affection need valvular heart Nomenclature of the not be disease;

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V. E. No.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

er," etc., with abover. state occupation at beginning of illness. If retired from gaged in domestie service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on ifrs). without more precise specification as Day For persons Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Womwho have no occupation Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

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telanus) may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inamition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart Nomenclature The contributory "Shock," disease; Meusles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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